

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000002739

1. Corporation Name

Milton Breslaw Consulting, Inc.

2. Principal Office Address - No P.O. Box #

7885 Amethyst Lake Point

Suite, Apt. #, etc.

3. Mailing Office Address

7885 Amethyst Lake Point

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

Zip

33467

Country

USA

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2003

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Milton Breslaw

Street Address (P.O. Box Number is Not Acceptable)
7885 Amethyst Lake Point

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Milton Breslaw
REGISTERED AGENT MUST SIGN

Date 09/22/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Milton Breslaw	7885 Amethyst Lake Point	Lake Worth, FL 33467

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Milton Breslaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton Breslaw, Director

09/22/09

Date

561-434-0770

Daytime Phone #